

Crisis Contact Data sheet (CCDS)-Easy reference sheet

**CCDS are due to be submitted via the electronic system and submitted for approval on or before the 25th of the following month of the crisis event (Ex. January CCDS must be submitted by February 25th) **

Section 1:

Document the name and identifying information of the individual in crisis (consumer), caller name and relationship to the individual, their behavioral health diagnoses, the date and time of the call, and the time linked to I/DD staff. The date of call should be the date that the call came into the crisis call center. The time linked with I/DD staff should be within 15 minutes from the time the call came into the call center to the time it was connected with I/DD staff on the SAME day. Indicate the triage code given by the staff who initially received the call (Phone Triage Code) as well as the triage code assigned by the I/DD staff to whom the call is referred (ID/DD Response Triage Code). All calls should be triaged using the Institute on Complex Disabilities Crisis Triage Codes found on the DBHDID emergency services website. **A triage code of 3 or 4 requires immediate activation of mobile crisis response from a qualified I/DD crisis responder for immediate intervention.**

Section 2:

Check Yes or No for each option listed. If you check yes for SCL or MPW, please indicate the provider name.

Section 3:

Please complete the location of mobile response (if applicable) by checking the appropriate box. If "other" please specify location.

Section 4:

Please check yes or no for each disposition listed. ***Please only check YES for crisis respite if it is provided using SGF funds.*** Individuals with residential services through SCL are NOT eligible for crisis respite. If you assist a provider with accessing services that are covered through the waiver or other funding source, this would be resource linkage. Please check the box for Diversion of Institution/Hospital only if the individual met the criteria for such and was able to remain in the community as a result of the crisis intervention.

Section 5:

Describe the action taken as a result of the **initial** crisis contact or mobile response.

The narrative should be descriptive and indicate if the call came in during the crisis or after the crisis (how much time has passed since the crisis occurred). If the call came in at the time of the crisis, please explain everything happening **at the time of the call**. If the call comes in after the crisis, please explain the crisis that prompted the call and what assistance is needed. All calls should document who the caller is, what is the crisis situation, what actions were taken by qualified **I/DD** crisis responder, and did the qualified **I/DD** crisis responder travel immediately to client if triaged a 3 or 4?

A debriefing **is required** as part of the crisis response. The debriefing form should be attached when the CCDS is submitted. If a debriefing sheet is not completed or was completed more than 7 days after the initial crisis was reported then an explanation must be indicated on the sheet. The debriefing will provide a more in depth analysis of the crisis situation and result in a specific action plan to address both any immediate and underlying issues that may be contributing to crisis.

If a debriefing was not held, due to a determination that the individual did not qualify for I/DD crisis services or due to the individual refusing the debriefing then this must be noted on the crisis sheet with specific details. If debriefing is not held due to lack of response from individual and their team, or if the debriefing was not held timely due to lack of response from individual and their team, then the crisis record should have documentation detailing all efforts made to reach them.

Please provide electronic signature with the name and credentials of the qualified I/DD crisis responder.